

Name

in  
Full

## CERTIFICATE OF DEATH

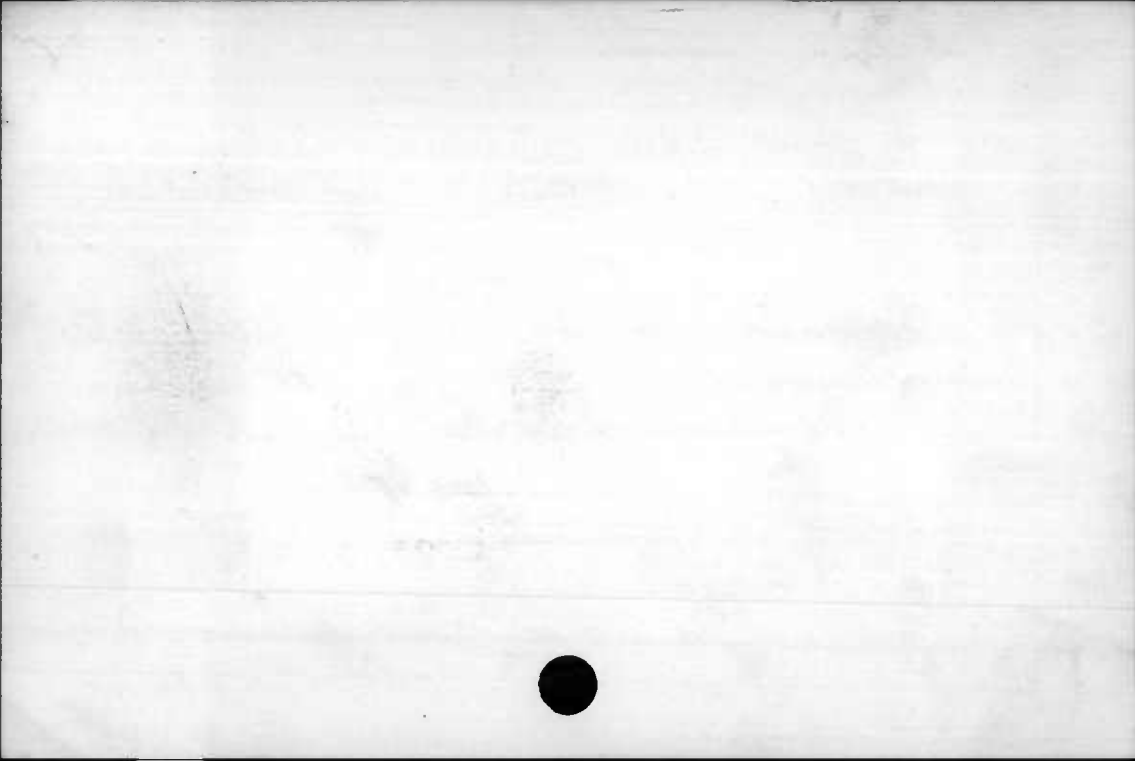
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>William Bagwell</i>		Town <i>Pocomoke City</i>		County <i>Worcester</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
<i>1905</i>		<i>June 29</i>		<i>32</i>			
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Accomack Va</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Pocomoke city</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Illa Matthews</i>					
Father's Name <i>Isaac Bagwell</i>		Father's Birthplace <i>Accomack Va</i>					
Mother's Maiden Name <i>Betty Ross</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Aminie Matthews</i>		How related to deceased <i>Mother-in-Law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Appendicitis</i>	How long <i>7</i>
Immediate <i>Septic</i>	How long <i>2</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Quinn</i>
	Address <i>Pocomoke city Md</i>
Accident or Suicide?	



Name  
in  
Full

Benjamin Leslie Baker

## CERTIFICATE OF DEATH

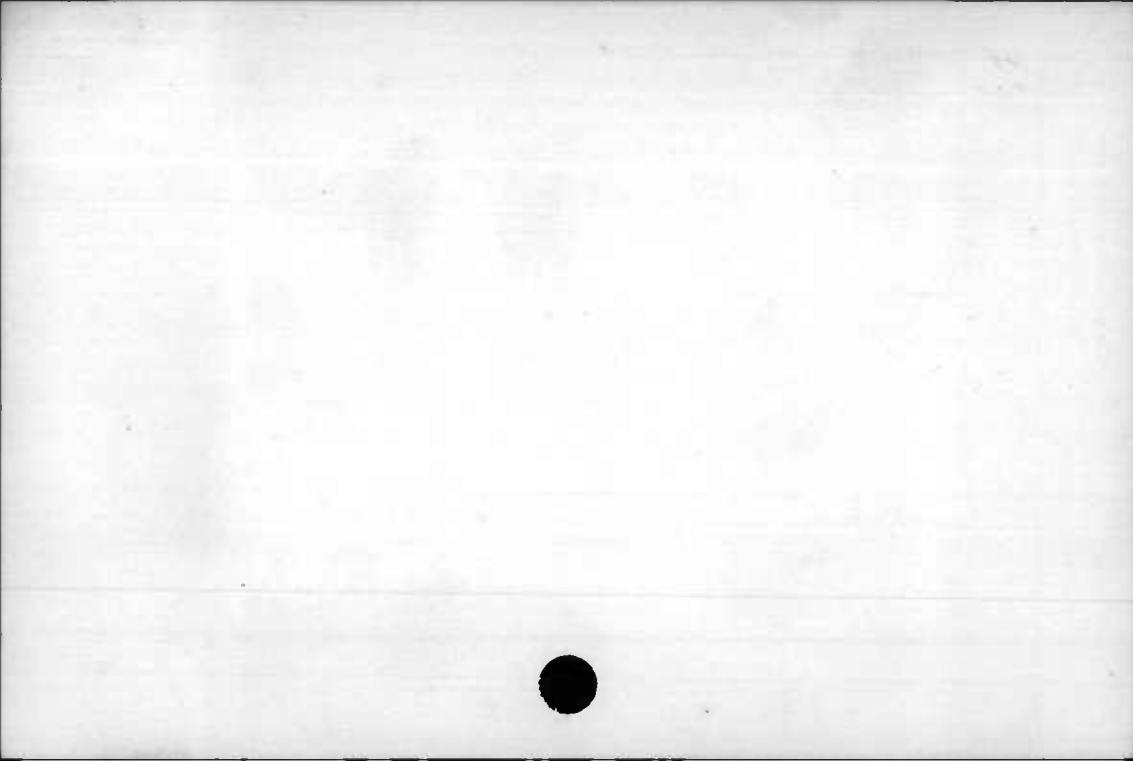
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pocomoke</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1905 June</i> <small>Month</small>		<i>30</i> <small>Day</small>	Age <i>18</i> <small>Years</small>	<i>18</i> <small>Months</small>	<i>18</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>		Burial place <i>Wakarusa Co. Va</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Benjamin A. Baker</i>			Father's Birthplace <i>Accomac Co. Va</i>		
Mother's Maiden Name <i>Margaret S. Walker</i>			Mother's Birthplace <i>Accomac Co. Va</i>		
Name of person giving information <i>Benjamin S. Baker</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

Primary <i>Cholera infantum</i>	How long <i>2 weeks</i>
Immediate <i>Colic</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Wilson</i>
	Address <i>Pocomoke City</i>
Accident or Suicide? <i>-</i>	

PHYSICIAN  
OR CORONER



Name  
in  
FullBell <sup>inf</sup>

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pocomoke</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death	1905	Month	6	Day	16
Age		Years		Months	
Sex	<i>female</i>		Color or Race	<i>white</i>	
Occupation		Where Residing if not at place of death		Birth-place	
				<i>Pocomoke Md</i>	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>J. Upshaw Bell</i>		Father's Birthplace	
				<i>Md</i>	
Mother's Maiden Name		<i>Indie R. Brittingham</i>		Mother's Birthplace	
				<i>Md</i>	
Name of person giving information				How related to deceased	
				<i>L</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Wilson</i>	
	Address <i>Pocomoke Md</i>	
Accident or Suicide?		



Name  
in  
Full

Lut. Brittingham

## CERTIFICATE OF DEATH

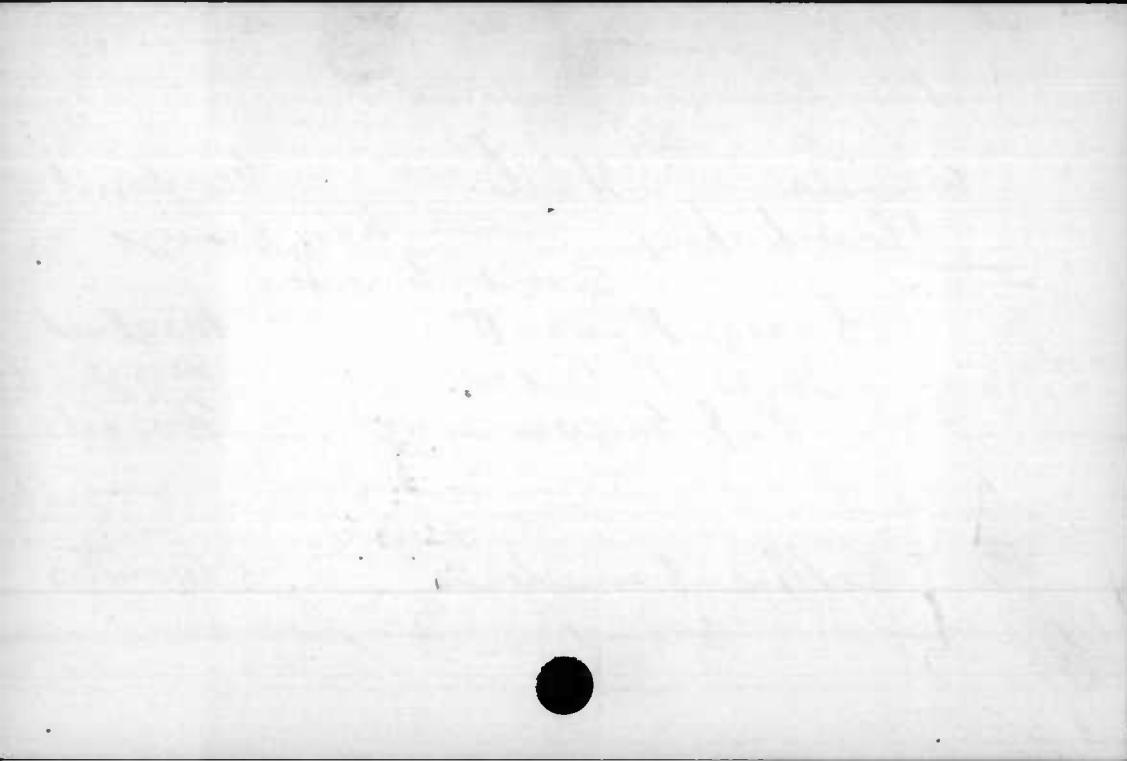
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Sydney		County Harceslee		MARYLAND	
Date of death		Month 10	Day 9	Years 85	Months		Days
Sex Male		Color or Race Black		Birth-place Maryland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information George Brittingham				How related to deceased Son			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age	How long	
Immediate	Valvular disease heart	How long	Severe months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Ebe Holland	
Address		Berlin, Md.	
Accident or Suicide?			



Name  
in  
Full

Cyrus Buddell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Near Berlin* <sup>County</sup> *Worcester* **MARYLAND**

Date of death 190*5* Month *6* Day *15* Age *72* Months *..* Days *..*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Farmer* Where Residing if not at place of death *Susan*

Married, Single or Widowed *Married* Name of Wife or Husband *Susan*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Dr. J. J. Franklin* How related to deceased *None*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

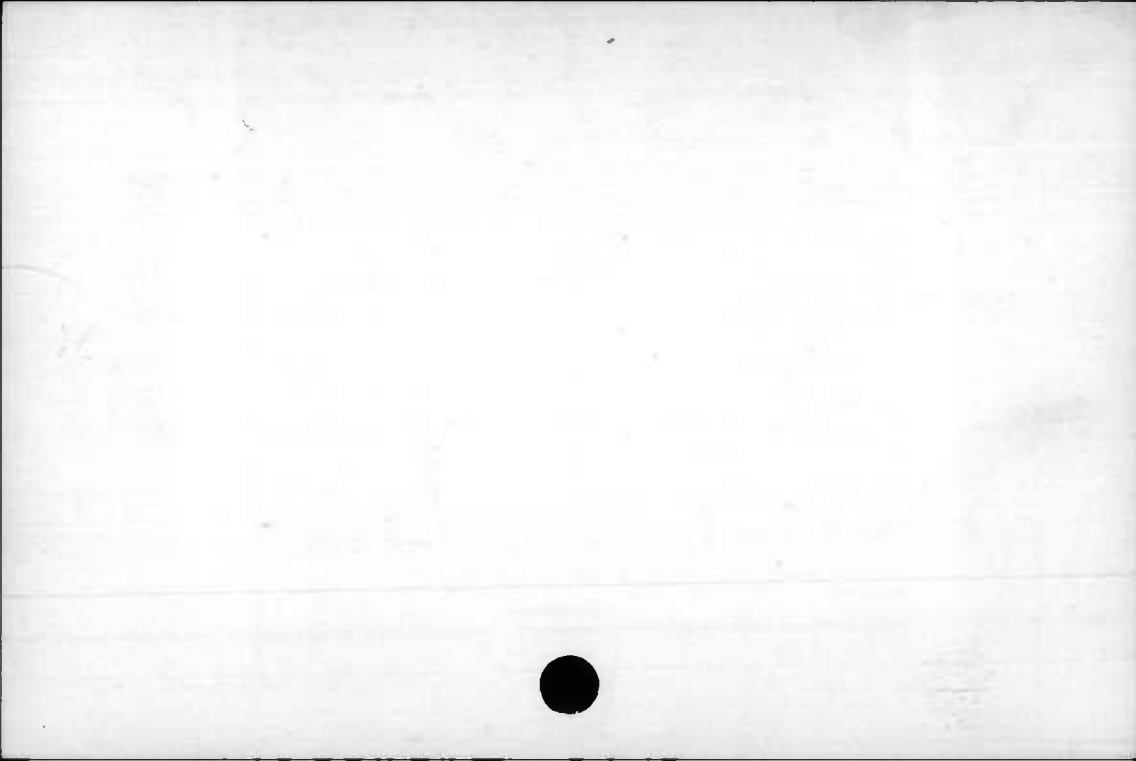
Primary *Bright's -* How long *3 Months*

Immediate *20* How long *3 Months*

Are the name, age, sex, color, date and place correctly given above? ☒

Physician *J. J. Franklin* Address *Berlin Ind*

Accident or Suicide? ☐



Name  
in  
Full

William R Buddell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Berlin* <sup>County</sup> *Worcester* **MARYLAND**

Date of death 190*1* <sup>Month</sup> *6* <sup>Day</sup> *20* <sup>Years</sup> *80* <sup>Months</sup> *0* <sup>Days</sup> *0*

Sex *Male* Color or Race *Blk* Birth-place *Ind*

Occupation *Farmer* Where Residing if not at place of death *Ind*

Married, Single or Widowed *Married* Name of Wife or Husband *Clara*

Father's Name *\_\_\_\_\_* Father's Birthplace *\_\_\_\_\_*

Mother's Maiden Name *\_\_\_\_\_* Mother's Birthplace *\_\_\_\_\_*

Name of person giving information *Harry Spence* How related to deceased *son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *General Debility - 154* How long *154*

Immediate *Heart Failure* How long *154*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*Dr Eber Holland*

Address

*Berlin Ind*

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mary Churcks

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Kley Grange<sup>County</sup> HorosterDate  
of death 1905

Month 6

Day 24

Age Years 70

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Housekeeping

Where Residing if not  
at place of death

Kley Grange

☒ Married, Single  
☒ WidowedName of Wife or  
Husband

David Churcks

Father's  
Name

George Bennett

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Miss Peterson

Mother's  
Birthplace

Maryland

Name of person giving  
Information

P. J. Tilghman

How related  
to deceased

Friend

## CAUSES OF DEATH

Primary

How long

Immediate

Yellow Jaundice

How long

5 Months

Are the name, age, sex, color, date  
and place correctly given above?

yes

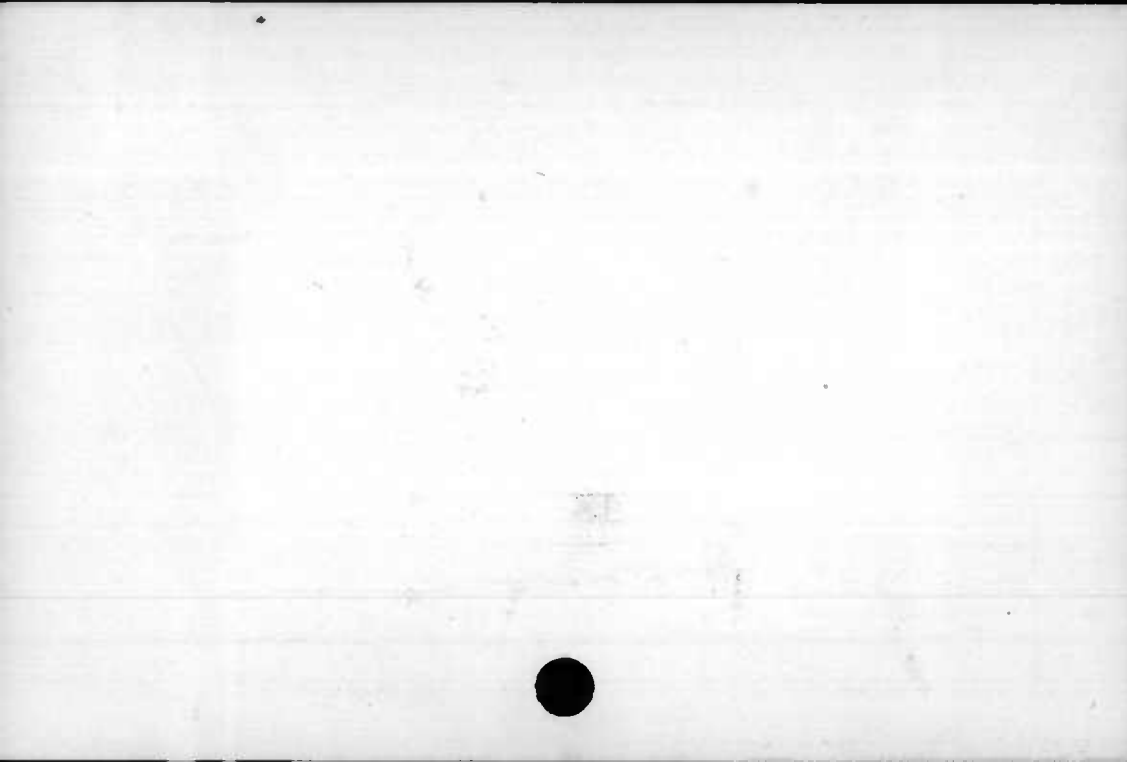
Signature of  
Physician

Dr Banner

Address

Geraldton Md

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>James Dickerson</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1905</i> - Month <i>6</i> - Day <i>2</i>		Age <i>78</i> Years		Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>—</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Gordon Burby</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General Debility</i>	How long <i>7 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Had None.</i>
	Address <i>—</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Downing (W.P.)

## CERTIFICATE OF DEATH

Town

County

Died at

near Poemoke

Worcester

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1905- June

20

Age

—

2

Sex

Girl

Color or  
Race

col

Birth-  
place

near Poemoke

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Robt W Downing

Father's  
NameFather's  
Birthplace

Virginia

Mother's  
Maiden Name

Gessie Downing

Mother's  
Birthplace

Virginia

Name of person giving  
Information

Robt W Downing

How related  
to deceased

Father.

## CAUSES OF DEATH

Primary

Infantile

How long

Immediate

How long

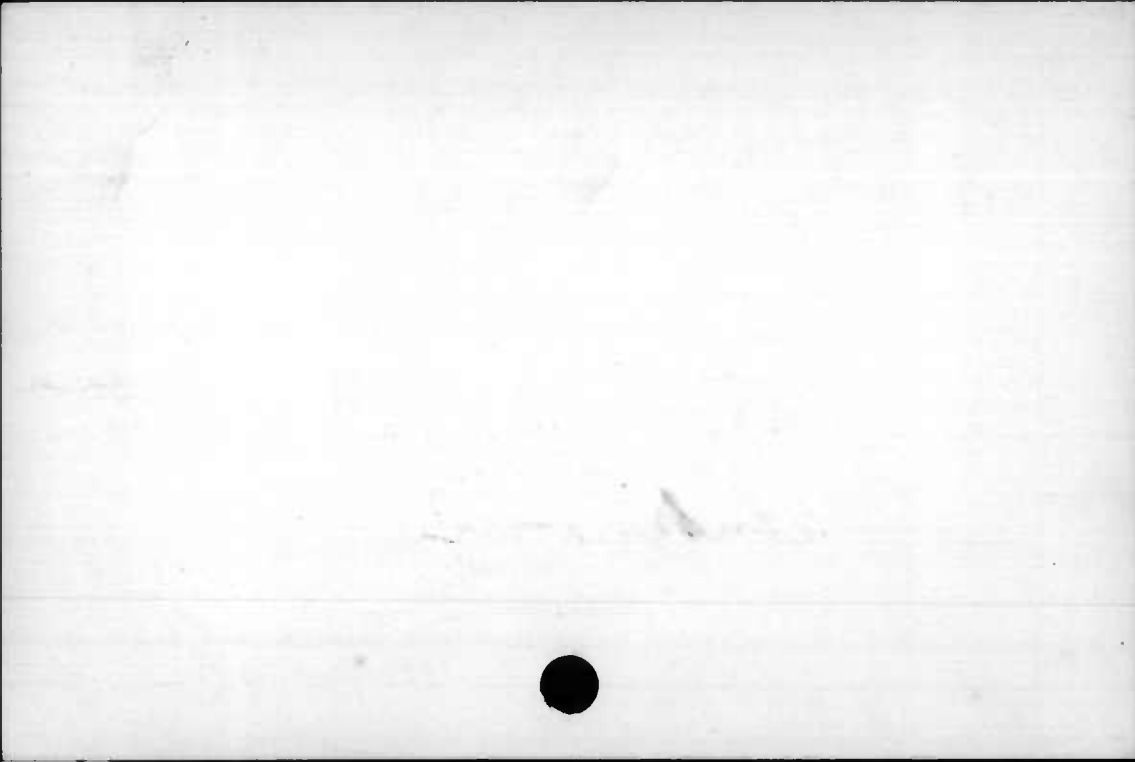
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

D. O. Trull  
Poemoke, Va.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Emma Franklin

## CERTIFICATE OF DEATH

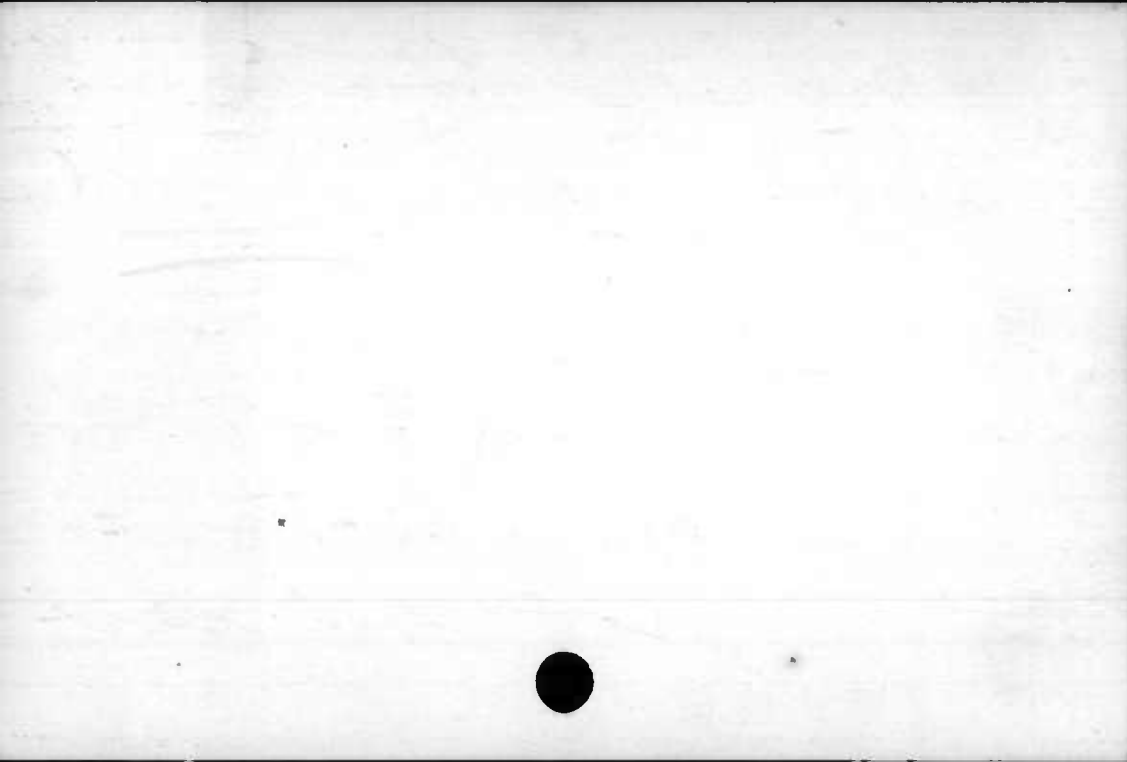
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Whaleyville</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	Month <i>6</i>	Day <i>2</i>	Age <i>65</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Blk</i>		Birth-place <i>Ind</i>		
Occupation <i>House keeper</i>	Where residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John Franklin</i>	Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>"</i>		
Mother's Maiden Name <i>Isaac Davis</i>	How related to deceased <i>None</i>		Name of person giving information <i>Isaac Davis</i>		

## CAUSES OF DEATH

Primary <i>Consumption</i>	How long <i>Some time</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Lyndall</i>
	Address <i>Whaleyville</i>
	<i>Ind</i>
Accident or Suicide?	

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

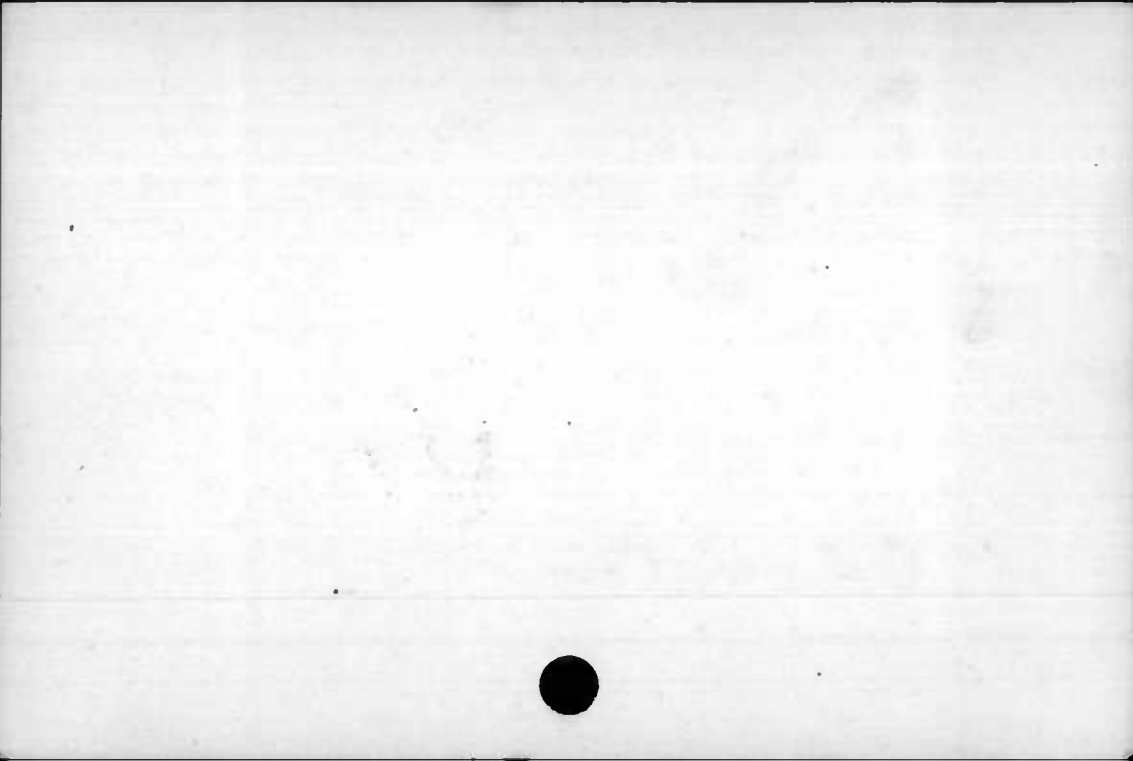
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Berlin</u> <sup>Town</sup>		<u>Mon.</u> <sup>County</sup>		MARYLAND	
Date of death <u>190J</u>	Month <u>6</u>	Day <u>11</u>	Age <u>21</u> <sup>Years</sup>	Months <u>    </u>	Days <u>    </u>
Sex <u>Female</u>	Color <u>White</u>		Birth-place <u>Md.</u>		
Occupation <u>Single</u>	Where Residing if not at place of death				
<u>Married</u> , Single or Widowed	Name of Wife or Husband				
Father's Name <u>Joshua Houshman</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Davis</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information	How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Typhoid Fever.</u>	How long <u>4 weeks</u>
Immediate <u>Peritonitis &amp; Exhaustion</u>	How long <u>2 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. P. Henry.</u>
	Address <u>Berlin Md.</u>
Accident or Suicide? <u>X</u>	



Name  
in  
Full

Wm E. Henry

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Berlin<sup>County</sup> Worcester

MARYLAND

Date of death 1901

Month 6

Day 13

Years August 13

Months

Days

Sex

Male

Color or  
Race

Blk

Birth-  
place

Free

Occupation

Black Smith

Where residing if not  
at place of deathMarried, ~~Single~~  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
information

Lit - Spencer

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

How long

Immediate

How long

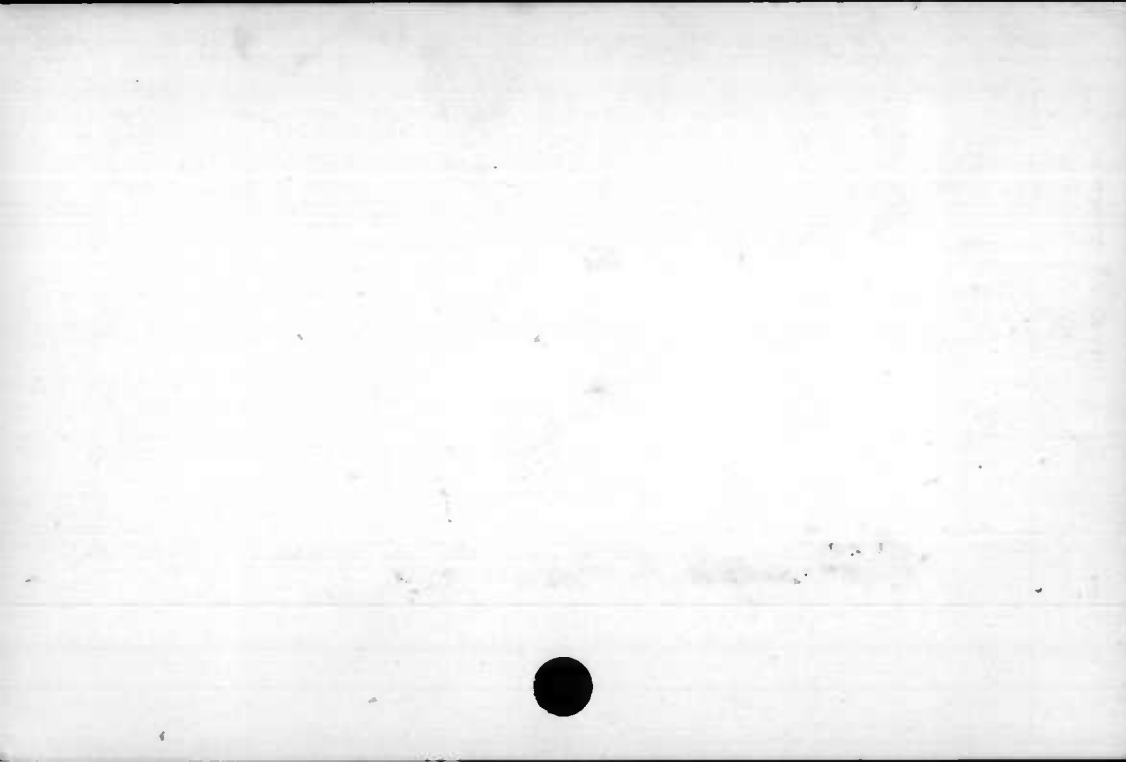
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Ebe Holland  
Berkeley  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Mary Jones				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Died at		Lyncroft		Worcester		
		Date of death		Month	Day	Years	Months	Days
		Date of death		1905	June	7	Age	67
		Sex		Female		Color or Race		Black
Occupation				Where Residing if not at place of death		Maryland		
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace		
Father's Name		James Leellie		Maryland		Maryland		
Mother's Maiden Name		Louise Jones		How related to deceased		Whole		
Name of person giving information		Marriell Jones						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Diet of Catnip tea		How long		
		Immediate		Drunk		5 Months		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
		Address		E. H. Herlihy		1212		
Accident or Suicide?								



Name  
in  
Full

## CERTIFICATE OF DEATH

Mary C Mabboll

Died at Stockton

Town

Worcester

County

MARYLAND

Date of death 1905 June 12

Month

Day

Age 69

Years

Months 10

Months

Days

Sex female

Color or  
Race

white

Birth-  
place

Md

Occupation

House Keeper

Where Residing if not  
at place of death

Md

Married, single  
WidowedName of Wife or  
HusbandFather's  
Name

Wm H. Marshall

Father's  
Birthplace

Md

Mother's  
Maiden Name

Anne C H Franklin

Mother's  
Birthplace

Md

Name of person giving  
information

Chas R. Marshall

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Carcinoma of Uterus

How long

4 or 5 months

Immediate

Exhaustion

How long

6 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

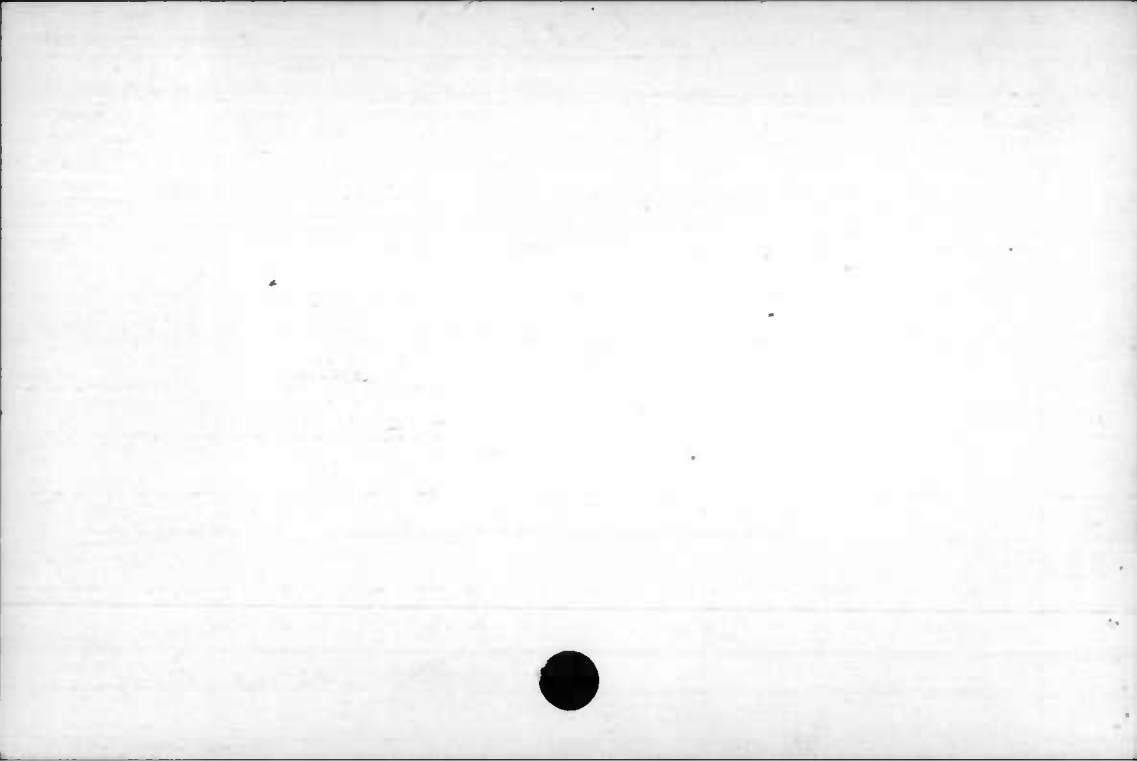
Signature of  
Physician

Address

Jno D. Dickerson  
Stockton Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Ella Mason

Died at Stockton TownCounty Worcester

MARYLAND

Date  
of death 1905Month 6Day 23

Age

Years 19

Months

Days

Sex

FemaleColor or  
RaceBlackBirth-  
placemd

Occupation

LaborerWhere Residing if not  
at place of deathmd~~Married~~, Single  
~~or Widowed~~~~Married~~  
~~Husband~~Father's  
NameBen MasonFather's  
BirthplacemdMother's  
Maiden NameEsther ReddenMother's  
BirthplacemdName of person giving  
In formationBen MasonHow related  
to deceasedfather

## CAUSES OF DEATH

Primary

Acute Pulmonary Tuberculosis

How long

2 months

Immediate

Asphyxia

How long

InstantAre the name, age, sex, color, date  
and place correctly given above?YesSignature of  
PhysicianJ. D. Dickens

Address

Stockton Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Maria J. Matthews

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Chadabree*

Town

*Morceset*

County

MARYLAND

Date  
of death 1905

Month

6

Day

6

Age

Years

82

Months

—

Days

—

Sex

*Female*Color or  
Race*white*Birth-  
place*md*

Occupation

*House wife*Where Residing if not  
at place of death*Chadabree Md*Single  
or Widowed

Husband

*Joseph Dickerson*Father's  
Name*Wm Matthews*Father's  
Birthplace*md*Mother's  
Maiden Name*Louise Pruitt*Mother's  
Birthplace*md*Name of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

*Cerebral Apoplexy*

How long

*3 hours*

Immediate

*Asthma*

How long

*20 days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*J D Dickerson  
Stretton Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Stephen Payne</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Snow Hill</i>		Month <i>June</i>		Day <i>1-</i>		Years <i>90</i>	
Date of death <i>1905</i>		Month <i>June</i>		Day <i>1-</i>		Age <i>90</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>		Months <i>1</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>		Days <i>18</i>			
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Jim Hickman</i>		How related to Deceased <i>—</i>					

## CAUSES OF DEATH

Primary

*Natural Decline*

How long

*3 or 4 mo.*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*Paul Jones  
Snow Hill Md*

Accident or Suicide?

$$\begin{array}{r} 39 \\ 5- \\ \hline 195- \end{array}$$

$$\begin{array}{r} 2/356 \\ \hline 175- \end{array}$$

231

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Pitts Lyfau - (Ved 80)

## MARYLAND

Died at *Berlin* <sup>Town</sup>

County

County  
Worcester

Date of death 1905

Month

6

Day

23

Age

Years

Months

Days

Sex M  
Occupation \_\_\_\_\_

Color or  
Race

Век

Birth-  
place

Where Residing if not  
at place of death

~~Married Single~~  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Thomas Pitts

Father's Birthplace

End

Mother's  
Maiden Name

Rachel Russell

Mother's Birthplace

Name of person giving  
In formation

Thos Russell

How related  
to deceased

Uncle

### CAUSES OF DEATH

### Primary

Unknown

How long

Immediate

How long

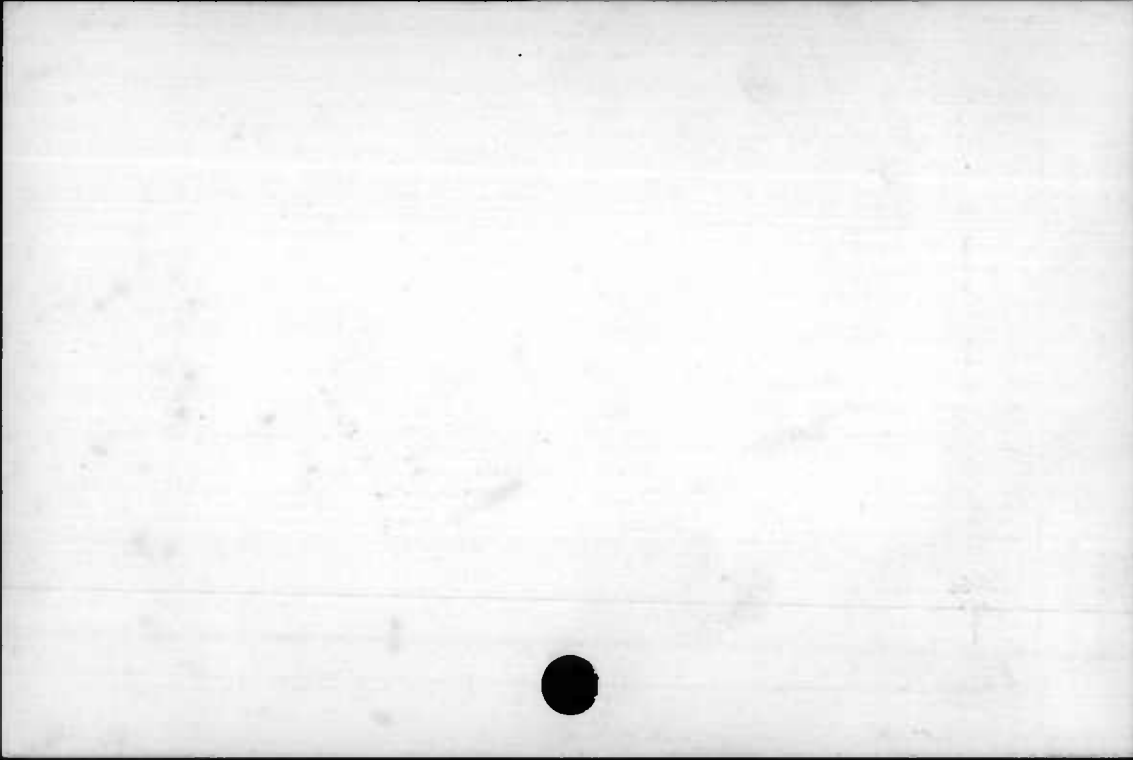
Are the name, age, sex, color, date  
and place correctly given above?

Signature of Physician

None

Address

### Accident or Suicide?



Name  
in  
Full

Mary A Powell

## CERTIFICATE OF DEATH

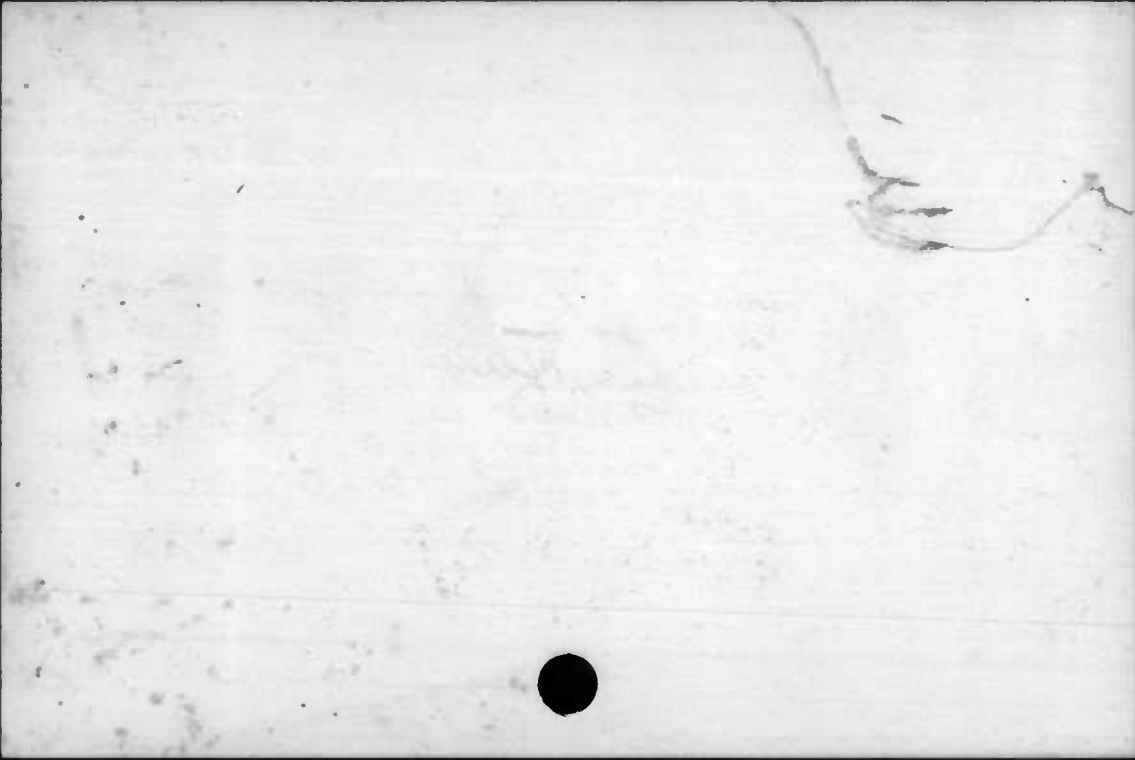
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Colburn</i> <sup>Town</sup> <i>Dist</i> <sup>County</sup> <i>Worcester</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>7</i>	Age <i>39</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>md</i>	Months <i>—</i>
Occupation <i>House Wif</i>	Where Residing if not at place of death <i>md</i>		
Married, Single or <del>Widowed</del>	Name of <del>Wife</del> or Husband <i>Robert - L Powell</i>		
Father's Name <i>Isaac Beckitt</i>	Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Margaret Beckitt</i>	Mother's Birthplace <i>md</i>		
Name of person giving information <i>Robert A. Powell</i>	How related to deceased <i>husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart disease</i>	How long <i>3 years</i>
Immediate <i>Cardiac Stop</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Snodgrass</i>
Accident or Suicide?	<i>md</i>



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *South Eastern Bringle*

Died at *Bishopville* Town *Worcester* County

State *MARYLAND*

Date of death *1905* Year *June* Month *3* Day *57* Age *57* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Pennsylvania*

Occupation *Sawyer* Where Residing if not at place of death *At Home*

Married, Single or Widowed *Married* Name of Wife or Husband *Eliza Yelton*

Father's Name *Eli Bringle* Father's Birthplace *Pennsylvania*

Mother's Maiden Name *Manan* Mother's Birthplace *Pennsylvania*

Name of person giving information *His widow* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Information of Brane and Congestion of Lung* How long *12 Days*

Immediate *No* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *[Signature]*

Address *T Ray no Bishopville Md*

Accident or Suicide? *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

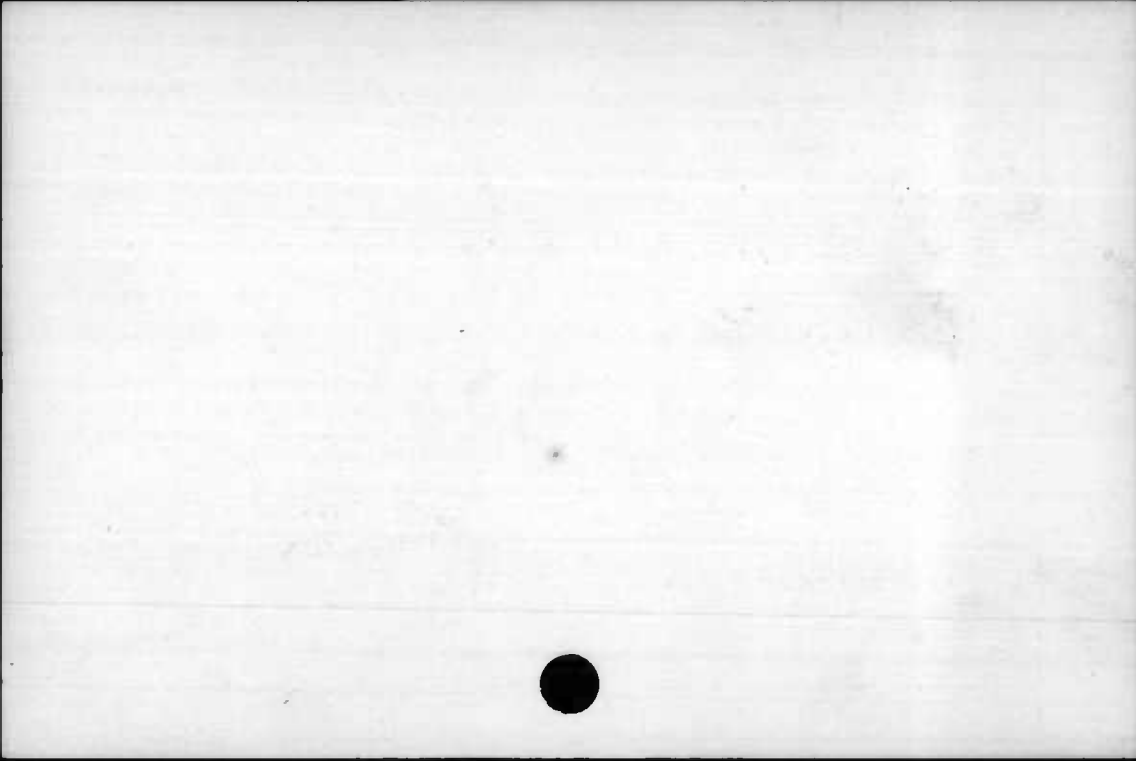
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pocomoke</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	<i>June</i> <sup>Month</sup>	<i>27</i> <sup>Day</sup>	Age <i>65</i> <sup>Years</sup>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth place <i>Somerset Co. Md</i>		
Occupation <i>No occupation</i>	Where Receiving if not at place of death <i>Embry Wicomico Co. Md.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Daniel Sankford.</i>				
Father's Name <i>John Ballard</i>	Father's Birthplace <i>Somerset Co. Md.</i>				
Mother's Maiden Name <i>Easter Ballard</i>	Mother's Birthplace <i>Somerset Co. Md.</i>				
Name of person giving information <i>John O. Seng.</i>	How related to deceased <i>Son in law</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Anasarcia</i>	How long <i>8 months.</i>
Immediate <i>collapse</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. D. Milam, M.D.</i>
	Address <i>Pocomoke City</i>
Accident or Suicide? <i>r</i>	



Name in Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mrs. Drucilla Shockley

Berlin

Town

Chorchester

County

1905

Month

Day

Y.

M.

D.

Native of

Occupation

June 5

Age 74

Maryland

None

Female

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

8

Husband of

Wife of Wm. Shockley

Mother's

Name

Cause of Primary

Death Immediate

Phthisis Pulmonalis

How long sick

1 year

Accident, Suicide, Homicide

Reported by J. M. Shockley M.D.

Address Berlin Maryland



Name

in  
Full

## CERTIFICATE OF DEATH

Charlotte Taylor

Town

County

MARYLAND

Died at

Near, Pocomoke City

Worcester

Date

of death

1905

Month

June

Day

6

Age

Years

34

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Virginia

Occupation

Domestic

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Lloyd J. Taylor

Father's  
Name

Henry Knight

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Irene Marshall

Mother's  
Birthplace

Virginia

Name of person giving  
Information

Lloyd J. Taylor

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Pulmonary tuberculosis

How long

About a year

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

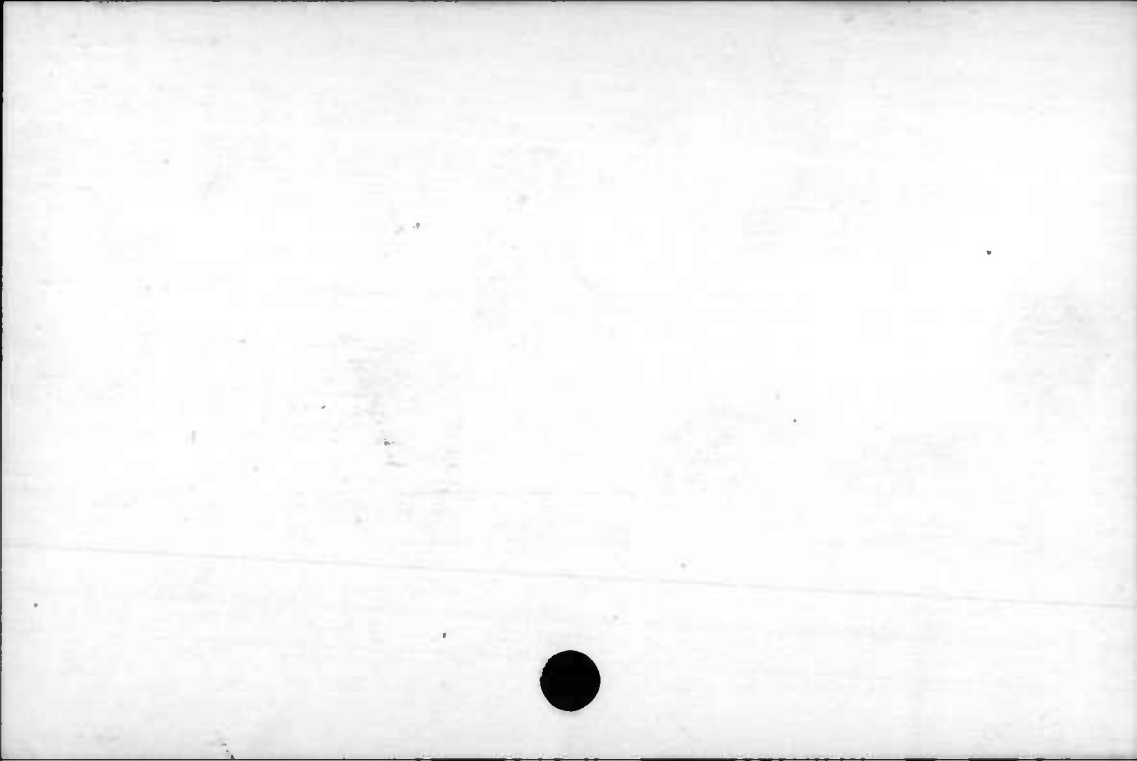
Address

P. Hall

Pocomoke City, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mrs Martha Townsend

CERTIFICATE OF DEATH

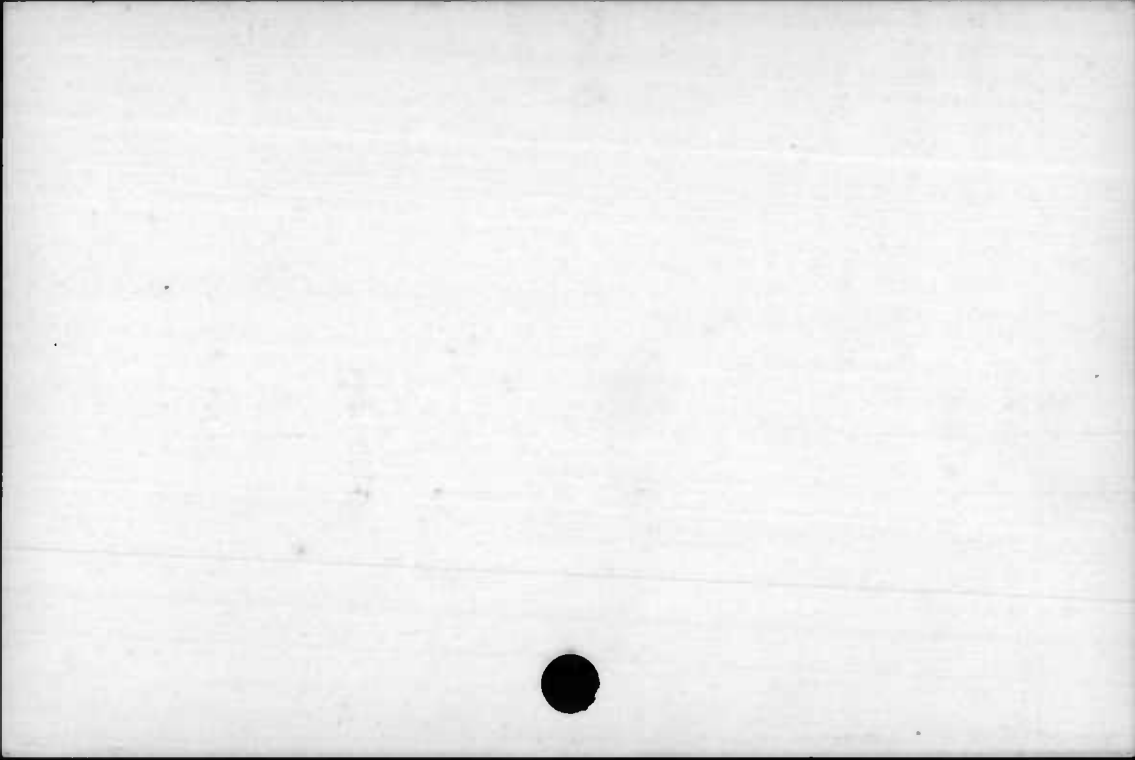
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Liberty		Towson		Worcester		MARYLAND	
Date of death	190	Month	6	Day	5	Age	70
Sex		Color or Race		Birth-place			
Female		White		Md			
Occupation		Where Residing if not at place of death					
Retired							
Married, Single or Widowed	Name of Wife or Husband						
Married	Wm Townsend						
Father's Name	Father's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information	How related to deceased						
	Wm R. Ellis						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General debility	How long
Immediate	Heart failure	How long
Are the name, age, sex, color, date and place correctly given above?		
Yes		
Signature of Physician		
Address		
E. J. Holland		
Baltimore Md		
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

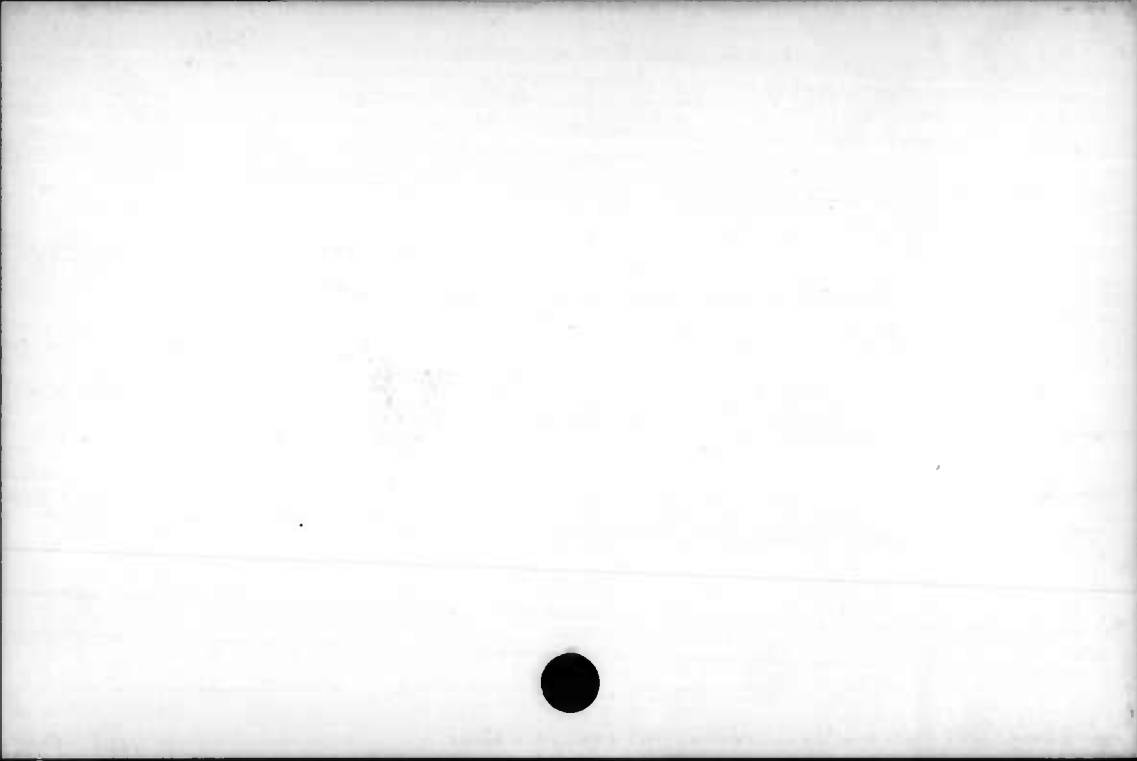
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <u>Goldie R. Tule</u>		Town <u>Stockton</u>		County <u>Worcester</u>		State <u>MARYLAND</u>	
Died at <u>Stockton</u>		Month <u>June</u>		Day <u>26<sup>th</sup></u>		Years <u>21</u>	
Date of death <u>1905</u>		Months		Days			
Sex <u>Female</u>		Color or Race <u>White</u>		Birthplace <u>md</u>			
Occupation <u>House wife</u>		Where Residing if not at place of death <u>md</u>					
Married, <u>Yes</u>		Name of Husband <u>John E. Tule</u>		Father's Name <u>H. Bordley Outen</u>		Father's Birthplace <u>md</u>	
Mother's Maiden Name <u>Emma Tilleghman</u>		Mother's Birthplace <u>md</u>		How related to deceased <u>Husband</u>			
Name of person giving Information <u>John E. Tule</u>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Child Birth</u>	How long	<u>30 hrs.</u>
Immediate	<u>Puerperal Eclampsia</u>	How long	<u>28 hrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. D. Dickerson</u>	
		Address <u>Stockton Md</u>	
Accident or Suicide?			



Name  
in  
Full

Susan Wilkinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Near Stockton</i>		<sup>County</sup> <i>Worcester</i>		MARYLAND	
Date of death	1905- <i>June</i>	Month	Day	Age	Years
			<i>14</i>	<i>48</i>	
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Occupation	<i>House wife</i>		Birth-place	<i>va.</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>		Name of Husband	<i>Henry Wilkinson</i>	
Father's Name	<i>Samuel Briner</i>		Father's Birthplace	<i>va</i>	
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information	<i>E. J. Wilkinson</i>		How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Combined Sclerosis of Cord</i>	How long	<i>10 Months</i>
Immediate	<i>Dysentery</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. D. Dickerson</i>
		Address	<i>Stockton N.H.</i>
Accident or Suicide?	<i>1</i>		

